THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

APPLICATION for PUMP OPERATOR CERTIFICATION

Application for Pump Operator Certification can also be completed online at: www.floridastatefirecollege.org

Please type or print legibly.

NAME: LAST	FIRST	MI	DATE OF BIRTH
HOME ADDRESS:	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER[1] (LAST FOUR NUMBERS)	E-MAIL ADDRESS		CONTACT PHONE NUMBER

STUDENT FCDICE #

VERIFICATION OF COURSE COMPLETION

Attach a course completion certificate or college transcript for each of the following courses:

Required Courses:	Provider	Dates Attended
FIRE SERVICE HYDRAULICS		
FIRE APPARATUS OPERATIONS		

APPLICANT CHECKLIST

YES	NO	
☐	☐	Attach copies of course completions or transcript.
☐	☐	Attach $30 application fee **or** paid $30 application fee online.

_____
SIGNATURE OF APPLICANT

_____
DATE

[1]**USE OF SOCIAL SECURITY NUMBERS:** Applicant's last four digits of the social security numbers are used by the Division of State Fire Marshal for identification purposes, to prevent misidentification, and to facilitate the approval process by the Division. The Department of Financial Services, Division of State Fire Marshal, will not disclose an applicant's last four digits of the social security number, without consent of the applicant, to anyone outside of the state agencies of Florida, except as required by law.

SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION TO:
BUREAU OF FIRE STANDARDS AND TRAINING
11655 NW GAINESVILLE ROAD
OCALA, FLORIDA 34482-1486